

Chemical Abortions!

M&M Abortions:

**RU486: THE HIDDEN EFFECTS By: Lawrence F. Roberge M.S.
COPYRIGHT 1998: LAWRENCE F. ROBERGE**

RU486 acts as an abortifacient. The drug's actions are effective for the first 49 days after conception. The mechanism of action is as follows.

RU486 blocks progesterone receptors in the uterine lining. Progesterone is necessary in the woman to maintain the lining of the uterus, which, during pregnancy is loaded with blood vessels, acts as a life support system for the developing embryo (life).

(NOTE: the developing life for the first 60 days post conception is medically referred to as an embryo, whereas after 2 months it is referred to as a fetus.) As the embryo implants into the uterine lining, the embryo grows dependent upon the mother's uterine blood supply or nutrients, oxygen, and waste removal. Thus, any cut off of the blood supply would lead to the rapid death of the developing life.

RU486 acts to block the effects of progesterone to maintain the uterine lining. As the progesterone signal is cut off in the uterus, the uterine blood vessel lining begins to breakdown and subsequently the embryo dies (1).

Now as the embryo is dead, the uterus may try to expel the embryo and its surrounding tissues. But, using RU486 alone results in only about a 60-65% (3,4) success rate. Therefore many doctors give a second very powerful drug-prostaglandins (the best known is Misoprostol-also known as Cytotec TM), which causes very strong (and sometimes very painful) uterine contractions to expel the dead embryo. Using the dual drug system, RU486 and Cytotec TM, the success rate rises to 84 to 95% (5). In small cases, 5 to 15% of patients, the patient is required to undergo a surgical procedure called a dilation and curettage (D&C) to remove any remaining embryonic tissue (6). In some reports (7), the women report discharging the embryo into the toilet under great pain due in part to the powerful uterine contractions.

2. Glasow, Richard D., With Key RU486 Lawsuit Settled, Proponents Aim for U.S. Sales by year's end. The RU486 Report, Life Issue Institute, Feb-Mar 1998, 1-4.
3. Sitruk-Ware et al, The Use of the Antiprogesterin RU486 (Mifepristone) as an Abortifacient in Early Pregnancy-Clinical and Pathological Findings: predictive Factors for Efficacy. Contraception, 41, 1990, 221-243.
4. The RU486 Collaborative Group, Termination of Early Pregnancy by RU486 Alone or in Combination with Prostaglandin, Chinese J. Obst. & Gyn., 25, 62, 1990, 31-34.
5. McKinley et al, The Effect of Dose of Mifepristone and Gestation on the Efficacy of medical Abortion with Mifepristone and Misoprostol, Human Reproduction, 8, 1993, 1502-1505.
6. Chan et al, Blood Loss in Termination of early Pregnancy by Vacuum Aspiration and in combination of Mifepristone and Gemeprost, Contraception, 47, 85, 1993, 85-95.
7. Peyron et al, Early termination of Pregnancy with Mifepristone (RU486) and the Orally Active Prostaglandin Misoprostol, N. Eng. J. Med., 328, 1993, 1509-1513.

SECOND-TRIMESTER UTERINE EVACUATION:

Researchers compare the use of intravaginal misoprostol with intra-amniotic 15(S)-15-methyl-prostaglandin F2a for inducing second-trimester abortions. Remarking that no one method is clearly superior to all others during second-trimester abortion, they list among current methods dilation and evacuation, hysterotomy, intravenous infusion of oxytocin and others.

(Reading: "Second-Trimester Uterine Evacuation: A Comparison of Intra-amniotic (15S)-15-Methyl-Prostaglandin F2a and Intravaginal Misoprostol," American Journal of Obstetrics and Gynecology, 11/99, pp. 1057-1061)

COMPARITIVE EFFICACY STUDY:

Researchers compared intravaginally administered sodium chloride solution-moistened misoprostol tablets to orally administered mifepristone (RU-486) combined with oral misoprostol. The purpose of the study was to compare the abortifacient effect of the two methods. One hundred women

carrying babies of 56 days gestation age or less were in each group studied. The results indicate similar results, though intravaginal administration of misoprostol carried significantly more side effects.

(Reading: "Early Pregnancy Termination with Intravaginally Administered Sodium Chloride Solution-Moistened Misoprostol Tablets: Historical Comparison with Mifepristone and Oral Misoprostol," American Journal of Obstetrics and Gynecology, 12/99, pp. 1386-1391)

EFFICACY: In a comparative study analyzing the effectiveness of mifepristone (RU-486) plus a prostaglandin and the combination of methotrexate and misoprostol, researchers reviewed a host of previous studies and recommend a "standard conceptual approach" to this emerging abortion methodology.

They report "medical abortion is more appropriately analyzed by life table procedures developed for the study of another fertility regulation technology: contraception. As with medical abortion, a woman initiating use of a contraceptive method can change her mind after some period of exposure and opt out." The tone of this meta-analysis appears to place the burden of "failure" squarely on the shoulders of the woman and her lack of "precise" use of the chemicals involved.

(Reading: "Estimating the Efficacy of Medical Abortion," Contraception, 8/99, pp. 119-125; for a case study of RU-486, see <http://www.ru486.org/>; for background information on methotrexate plus misoprostol, see <http://www.all.org/issues/bc10.htm>; for the pro-abortion side: <http://www.urmc.rochester.edu/hh/choices/>)

MIFEPRISTONE (a.k.a. RU-486) + MISOPROSTOL:

A small study of 92 women carrying preborn children with an average gestational age of 5.9 weeks in the semi-developed Caribbean territory of Guadeloupe found that "home administration of misoprostol can be safe and effective in most nonindustrialized settings." The study was supported by the Population Council. The women sought the abortions because "they wanted to space their children" or "did not want any more children."

(Reading: "Mifepristone-Misoprostol Medical Abortion: Home Administration of Misoprostol in Guadeloupe," Contraception, 1999, pp.167-172)

The Morning After Pill {MAP} aka 'Emergency Contraception'*

{courtesy of American Life League, Concerned Women for America,
[www. epigee.org](http://www.epigee.org), et al)

** in actuality, an abortifacient*

Preven

MORNING-AFTER PILL

The Morning-After "Pill," or Emergency Contraceptive Pills (ECP), are actually a large dose of ordinary oral contraceptives taken after intercourse has occurred. ECPs were first used in the 1960's for rape victims, but recently the FDA has begun promoting oral contraceptives for emergency use when a woman has had unprotected intercourse within the previous 72 hours.

Morning-after treatment works in the same way as other hormonal methods, by suppressing ovulation, making the uterus inhospitable to the newly conceived human being, and interfering with the movement of the ovum.

Morning-after pills can only be obtained from a doctor. The doctor may require that the patient sign a contract indicating that she is aware of the health risks and will consider abortion if the treatment fails, even though there is no evidence that oral contraceptive pills would harm the baby.

Morning-after treatment is thought to be 75% effective.

Common side effects are nausea and vomiting.

Jennifer Kessell, a spokeswoman for Roberts Pharmaceuticals, the Canadian manufacturer of Preven, says "There's different definitions [of pregnancy] depending on where you live. Most doctors would say pregnancy begins at implantation. Only 'anti-abortionists' would say life begins 'when the sperm meets the egg. Period.' Pregnancy begins when a woman is 'comfortable' with it beginning, she adds. It depends on your own personal views and what you want to believe."

(Reading: Celeste McGovern, "Marketers of the Preven 'Morning After Pill' Are Engaged in Re-Defining Pregnancy," The Report Newsmagazine, 12/6/99, <http://www.report.ca>)

Check out the website of Epigee for more information on the risks of chemical contraceptives/abortifacients: <http://www.epigee.org/guide/hormonal.html#map>

MORNING AFTER PILL - What is not said to you!

I: Planned Parenthood of Central Washington's web site tells visitors, "[The morning after pill] prevents the ovaries from releasing an egg, or changes the lining of the uterus so that a fertilized egg will not implant (conception will be prevented), and a pregnancy will not develop."

COMMENT (by American Life League):

How many lies can you fit into one sentence? We count two:

(1) There is no such thing as a fertilized egg; there is a unique human being who results from the union of sperm and egg. (2) Conception is the same as fertilization, and when it occurs, pregnancy has begun. (Reading: "Emergency Contraception," <http://www.owt.com/ppcw/mornafr.html>)

II: The Washington Post published an Associated Press story in which the statement is made "The morning-after pill prevents the fertilized egg from being implanted in the womb."

COMMENT

Embryologist Keith Moore describes morning-after pills in the sixth edition of his textbook: "These hormones prevent implantation, not fertilization. Consequently, they should not be called contraceptive pills. Conception occurs but the blastocyst does not implant. It would be more appropriate to call them 'contraimplantation pills.' Because the term 'abortion' refers to a premature stoppage of a pregnancy, the term 'abortion' could be applied to such an early termination of pregnancy." (page 532) (Reading: "French Schools to Give Out Pill," Washington Post, 11/29/99,

http://www.washingtonpost.com/wp-srv/online/19991129/online211740_000.htm; Quotation from "The Developing Human, Clinically Oriented Embryology," Moore and Persaud, <http://www.all.org/news/980911.htm>)

What to Know about Hormonal Methods

Think "oral contraceptives" prevent conception? Think again. Hormonal methods suppress ovulation much of the time, but scientists now recognize that in many cases ovulation continues to occur.

Some women who use hormonal methods ovulate every single cycle. So how do hormonal methods prevent conception? That depends on how you define "conception." Although most people recognize conception as the joining of egg and sperm to form new life, some groups have given the word "conception" an alternate meaning--the implantation of the embryo into the uterus.[1]

When fertilization is not prevented, hormonal birth control methods commonly cause the expulsion of an embryo prior to implantation by changing the lining of the uterus so that it will not accept an embryo and by changing the way the ovum travels down the fallopian tube.[2]

This action has been termed by some as 'interceptive,' as opposed to contraceptive or abortive.[3] This is an important distinction, because any woman interested in contraception the way most people understand it will want to avoid using these methods. Although there may be some legitimate medical uses for some of these drugs, clinicians tend not to warn their patients of the non-contraceptive effects, some being unaware themselves. Pharmaceutical companies tend to minimize this mechanism of hormonal methods to prevent women of conscience from rejecting their products.[4]

RU-486

“BAIRD-WINDLE: (Shakes her head) RU-486 is painful. Women have a great deal of pain and nausea and many visits to the clinic. After the first wave of people (to use it), it has settled down in most countries to a 7 to 12 percent use factor.”

**Source: FLORIDA TODAY Sunday, August 29, 1999:
FLORIDA TODAY Sunday, August 29, 1999**

A radical bows out -- “Abortion provider Patricia Baird-Windle reflects on her career, her choices: Interview by Pam Platt, FLORIDA TODAY Editorial Page Editor

Editor's note: For the past 23 years, Patricia Baird-Windle has maintained a local, state and national profile as one of the stalwarts on the front lines of the abortion wars.

As owner of the Aware Woman Center for Choice in Melbourne, she faced pickets, threats and lawsuits -- and even ade law with a case that reached the Supreme Court -- all the while providing 65,000 egal abortions to women who came to her Melbourne, Port St. Lucie and West Palm Beach clinics.